L04000083936

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT I	MAIL
(Business Entity Name)	
(Document Number)	<u>_</u> _
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



100206970401

05/02/11--01053--002 **30.00

11 MAY -2 PH 3: 38

B. BOSTICK
MAY - 4 2011
EXAMINER

COVER LETTER

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is 1. \(\sum \forall \sum	MENT, CLC
2. The Articles of Organization were filed on NOVENBER LOGODO \$3736 3. The date the dissolution was approved: 4//201/	15 - 2004 and assigned document number
4. A description of occurrence that resulted in the limited liabil 608.441, Florida Statutes, (copy 608.441 on back cover lette	ity company's dissolution pursuant to section
NO MORE BUSINESS.	
(
5. CHECK ONE: All debts, obligations and liabilities of the limited liator. OR- Adequate provision has been made for the debts, ob 6. All remaining property and assets have been distributed amorights and interests. 7. CHECK ONE: There are no suits pending against the company in a OR- Adequate provision has been made for the satisfaction entered against it in any pending suit. Signatures of the members having the same percentage of member	ny court. on of any judgment, order or decree which may be
Signature Elle Month	Printed Name FLLEN S. SCHROTH WALTER SCHROTH MARK SHROTH

FILING FEE: \$25.00